

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB	00-00-01	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TR	1018	7-05-01
RESPONSE FORMALITY REVIEW	STC	809	10-16-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	✓✓✓
2	✓✓✓
3	✓✓✓
4	✓✓✓
5	✓✓✓
6	✓✓✓
7	✓✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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